



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 26, 2004.

M. Ena Ellis

Appl No.

: 09/692,747

Confirmation No. 7075

Applicant

:Craig L. Ogg, et al.

Filed Title : October 18, 2000 : MACHINE DEPENDENT LOGIN FOR ON-LINE

VALUE-BEARING ITEM SYSTEM

TC/A.U.

: 3621

: Calvin L. Hewitt, II

RECEIVED

AUG 4 - 2004

Docket No.

Examiner

: 39478/SAH/S850

Customer No.: 23363

GROUP 3600

### **AMENDMENT**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068 Pasadena, CA 91109-7068

July 26, 2004

# Commissioner:

In response to the Office action of February 25, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

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M. Ena Ellis

Applicant

: Craig L. Ogg, et al.

Application No.

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Title

: MACHINE DEPENDENT LOGIN FOR ON-LINE VALUE-BEARING ITEM

**SYSTEM** 

Grp./Div. Examiner

: 3621

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

GROUP 3600

Post Office Box 7068

Pasadena, CA 91109-7068

July 26, 2004

#### Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	45	*45	0	x \$9.00	x \$18.00	
Independent Claims	4	** 4	0	x \$43.00	x \$86.00	1
Multiple Dependent Claims ***				\$145.00	\$290.00	
TOTAL FILING FEE						
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					

LIST INDEPENDENT CLAIMS: 1, 16, 29, 37

- \* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
- \*\* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
- \*\*\* PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME
- \*\*\*\* IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"

Attached is our check for \$ to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

# Amendment Transmittal Letter Application No. 09/692,747

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GROUP 3600

Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Ву

Art Hasan Reg. No. 41,057 626/795-9900

JUL 3 0 2004

SAH/mee

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